

CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

OMB No.: 3090-0007

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Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Financial Information Control Division (BCD), Office of Finance, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (3090-0007), Washington, DC 20503.

SECTION I - GENERAL INFORMATION

1A. NAME (b) (4)			2. TYPE OF ORGANIZATION (Check one)		
1B. STREET ADDRESS 120 E. Prairie Street, Suite C			A. SOLE PROPRIETORSHIP		F. LIMITED LIABILITY COMPANY
1C. CITY Vicksburg			B. GENERAL PARTNERSHIP		G. JOINT VENTURE
1D. STATE MI			C. LIMITED PARTNERSHIP		H. TRUST
1E. ZIP CODE 49097			D. CORPORATION		I. OTHER (Specify below)
2. TAXPAYER ID NUMBER (b) (4)			E. SUBCHAPTER S CORPORATION		
6. TRADE STYLE NAME (Provide a copy of filing) N/A			4. DATE ORGANIZATION ESTABLISHED 04/17/1991		5. STATE OF INCORPORATION Michigan
8. FORMER BUSINESS NAME N/A			7. KIND OF PRODUCT OR SERVICE PROVIDED General Contractor - Construction		
9. KIND OF BUSINESS			10. INVENTORY VALUATION METHOD		
A. MANUFACTURER			A. LIFO		C. AVERAGE COST
X B. CONTRACTOR			B. FIFO		D. OTHER (Specify)
C. WHOLESALE					
11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS					
NAME		TITLE (If partner, state G(General) or L(Limited) in column)		% BUSINESS OWNED	
		ACTUAL TITLE		G OR L	
(b) (4)		President		(b) (4)	
(b) (4)		Vice President		(b) (4)	
12. PARENT COMPANY (If applicable)		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS			YES NO
A. NAME N/A		(b) (4)			
B. CITY		C. STATE			

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129) (If "Yes", provide detailed information, Section VIII, Remarks)						(b) (4)
14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR		IF "YES", COMPLETE THE ITEMS BELOW				
		AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE
(b) (4)						
15A. AGENCY INVOLVED WITH DELINQUENCY					15B. AMOUNT OF DELINQUENCY (\$)	
(b) (4)						
16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING?		17. COMPLETE ITEMS BELOW IF APPLICABLE				
		TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED	
(b) (4)		A. INDUSTRIAL REVENUE BONDS				
		B. GUARANTEED LOANS				
		C. ADVANCED PAYMENTS				
		D. PROGRESS PAYMENTS				
		E. OTHER (Specify)				

SECTION III - FINANCIAL STATEMENTS

Prepared Financial Statements with notes may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

☐ YES

☐ NO

19A. NAME

20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANTS, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:

ACTUAL

U.S. DOLLARS

IN THOUSANDS

FOREIGN CURRENCY (Specify)

IN MILLIONS

21. BALANCE SHEET AS OF (Month, Day, Year)

22. FISCAL YEAR ENDS (Month, Day, Year)

01/31/2016

23. PREPARED STMTS.

☒ ARE ATTACHED

24. ASSETS

25. LIABILITIES AND NET WORTH

A. Current Assets

Cash	
Short Term cash investments	
Accounts receivable, less allowance for doubtful accounts of \$	
Inventories	
Other current assets (Itemize below)	

Total Current Assets

A. Current Liabilities

Accounts payable	
Notes payable (current)	
Current portion of long term debt	
Accrued expenses	
Accrued taxes on income/excess profits	
Other current liabilities (Itemize)	

Total Current Liabilities

B. Property, Plant and Equipment

Land	
Buildings and equipment	
Leasehold improvements	
Less accumulated depreciation and amortization	
Total Property, Plant and Equipment	

B. Other Liabilities

Mortgages	
Bonds	
Deferred income taxes	
Other long term debt	
Total Other Liabilities	

Total Liabilities

C. Other Assets

Investments in and advance to affiliated company	
Goodwill, less amortization	
Due from officer, employee	
Other (Itemize)	

Total Other Assets

D. TOTAL ASSETS

C. Minority Interest in Subsidiary

D. Net Worth

Preferred stock	
Common stock	
Additional paid-in capital	
Retained earnings/owner's equity	
Less, Treasury stock	

Total Net Worth

E. TOTAL LIABILITIES AND NET WORTH

SECTION IV - INCOME STATEMENT

26. FROM (Month, Day, Year)

27. TO (Month, Day, Year)

28. INCOME

A. Net Sales

Cost and Expenses	
Cost of Goods Sold	
Depreciation and Amortization	
Selling, General, and Admin. Expenses	
Interest Expense	
Other Expenses (Itemize)	

Minority Interest in Earnings of Subsidiaries

Total Costs and Expenses

Earnings Before Taxes

Taxes on Income

Income Before Extraordinary Items

Extraordinary Gains (Losses) Net of Taxes

NET INCOME (LOSS)

SECTION V - BANKING AND FINANCE COMPANY INFORMATION
(Please attach a separate sheet using this format for any additional banks.)

ITEM	BANK 1	BANK 2		
(b) (4)				
		AREA CODE	NUMBER	EXT.
		AREA CODE	NUMBER	
		STREET ADDRESS		
		CITY	STATE	ZIP CODE
		Yes		No
		Yes		No

39. Loans Secured by Company's Assets - Real and Personal Property

(b) (4)			CONTACT NAME	
	STREET ADDRESS		CITY	STATE ZIP CODE
	SECURING ASSETS		MATURITY DATE	MONTHLY PAYMENT (\$)
	SECURED PARTY NAME		CONTACT NAME	
B.	STREET ADDRESS		CITY	STATE ZIP CODE
	SECURING ASSETS		MATURITY DATE	MONTHLY PAYMENT (\$)
	SECURED PARTY NAME		CONTACT NAME	
	STREET ADDRESS		CITY	STATE ZIP CODE
C.	SECURING ASSETS		MATURITY DATE	MONTHLY PAYMENT (\$)
	SECURED PARTY NAME		CONTACT NAME	
	STREET ADDRESS		CITY	STATE ZIP CODE
	SECURING ASSETS		MATURITY DATE	MONTHLY PAYMENT (\$)
D.	SECURED PARTY NAME		CONTACT NAME	
	STREET ADDRESS		CITY	STATE ZIP CODE
	SECURING ASSETS		MATURITY DATE	MONTHLY PAYMENT (\$)

(b) (4)

SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION
(Please attach separate sheet(s) using this format for additional suppliers.)

43. PAST DUE ACCOUNTS PAYABLE (\$)

(b) (4)

ITEM	52. CONTRACT 5	53. CONTRACT 6
(b) (4)		

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

ITEM

62. SURETY COMPANY 1

63. SURETY COMPANY 2

(b) (4)

SECTION VIII - REMARKS

REMARKS (Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS

Frederick Construction, Inc.

BY (Signature of Authorized Official)

(b) (6)

NAME OF AUTHORIZED OFFICIAL (Type or print)

Michael Frederick

TITLE OF AUTHORIZED OFFICIAL (Type or print)

Vice President

DATE

4-1-2015